

The City of Waterbury

Ten Year Plan to End Homelessness



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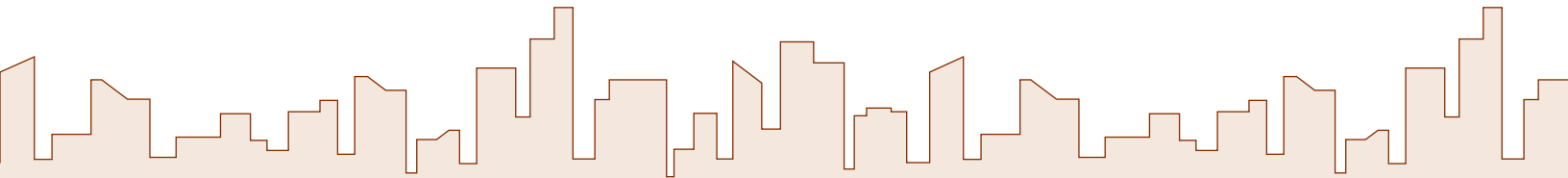
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Letter from the Co-Chairs

October 20, 2009



After months of effort by scores of volunteers representing groups and communities within the Waterbury region we are pleased to introduce the City of Waterbury Ten Year Plan to End Homelessness. Waterbury now joins hundreds of communities from throughout the country committed to the belief that homelessness in our community is unacceptable. The Plan proposes moving people from shelter to permanent housing through an ambitious strategy to add affordable housing units and appropriate services, provide links to income through employment and training opportunities, and create a collaborative strategy to prevent homelessness before it happens. The Plan is multidimensional, like the causes of homelessness itself.

Many will ask if it is possible to end homelessness in ten years. Included in the plan are research and examples of best practices from programs and plans on a state and national level that have made strides towards reaching that ambitious goal. Ending homelessness is possible if the implementation of the prevention, services, employment and income, and housing strategies contained in the plan are efficient, creative, collaborative, measurable, and come with a strong community commitment.

Each planning committee has stressed the importance of encouraging Waterbury and its region to understand homelessness more completely and to respond with intelligent actions rather than emotional reactions. The Plan calls for a communications strategy that will link accurate information about research, data, costs, and best practices that encourage our community to be well informed and proactive.

We thank each and every participant who has taken part in this long and challenging planning process. The steps are clear and, if the community acts together, it is possible to reach our goals. We commit to review the plan on a regular basis and report back to the community on its progress toward reaching the possible goal of ending homelessness in Waterbury and throughout the region.

Thank you to all who have committed your time, energy, experience, and insight to this worthy effort.

A black and white image of a handwritten signature, "Michael J. Jarjura", in cursive script.

Mayor Michael J. Jarjura
City of Waterbury

A black and white image of a handwritten signature, "Kristen M. Bulkovitch", in cursive script.

Kristen Bulkovitch, M.P.H.
President, United Way of Greater Waterbury

Executive Summary



On a Thursday afternoon in July of 2009 the Waterbury green is bustling with activity. The bounty at the farmers market is vibrant with color: a green economic development project not just for suburbanites and gourmets. Food stamps are accepted and samples with recipes for fresh salsa are displayed in hopes of helping to bridge the gap between poverty and prosperity, obesity and good health. A few blocks west of the city's center a young woman struggles to keep on track; she is thinking about completing her high school diploma, getting to her night job on time, and most importantly, keeping her apartment, the first real home she's had in years.

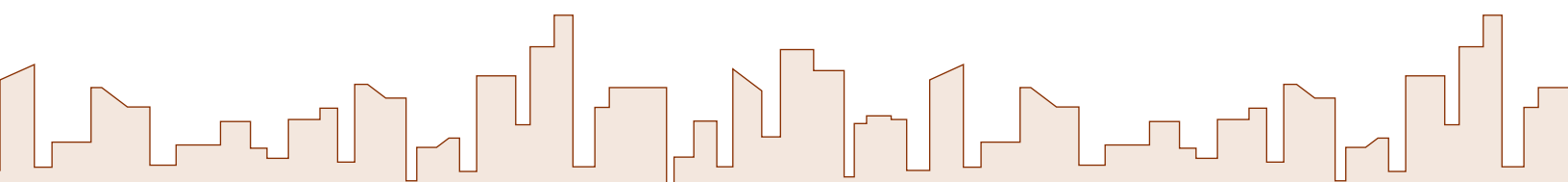
The City of Waterbury, blessed with the good bones of handsome architecture and tree-lined neighborhoods, is a classic example of the New England mill town that once drove the economy of the Northeast. But, like many other cities in New England and across the country, Waterbury sits now at a tipping point as it wrestles with a faltering economy and the visible and invisible knowledge that residents, including an ever-increasing number of children, are homeless or at-risk of becoming so.

Research and common sense tell us that the causes of homelessness are complex, interconnected, and expanding. De-institutionalization policies initiated in the 1970's, an aging and inadequate housing stock, rising unemployment, a shrinking economy, and shifting social structures have led to an explosion of homelessness. Our shelters cannot fulfill the demand for emergency housing nor are they equipped to provide long-term housing. Permanent affordable housing, access to employment and income, and access to flexible short and longer term supportive services, if necessary, are critical to the solution to homelessness. Prevention of the problem developing in the first place is paramount if homelessness is ever to be eradicated.

The City of Waterbury Ten Year Plan to End Homelessness (TYP) is one among many within Connecticut and hundreds across the country that recognizes the value of creating a regional strategic plan to end homelessness not by managing homelessness but by investing in its prevention. Stakeholders from throughout the region, including the Waterbury Continuum of Care (CoC); city, business, and community leaders; housing providers; faith-based leaders; neighborhood leaders; and those who know the problem best, the formerly homeless, have worked together for six months assessing the need, the gaps, the barriers, and collaborations and resources that will be necessary to reach the goal of ending homelessness.

The Plan is broad, ambitious, principled, and possible. The implementation of the plan will require a determined effort and a committed community willing to demand accountability. Embedded within the plan is a communications blueprint to ensure the plan is broadly understood and supported not just by housing advocates but by the entire community.

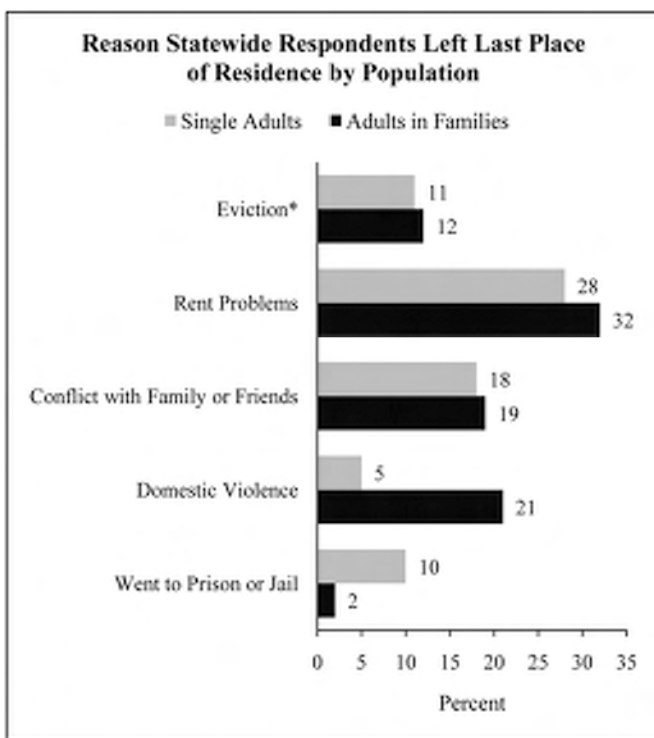
As Bettejane Synnott Wesson notes in her warm memoir of growing up in Waterbury, *The View From Cracker Hill*, "Waterbury was built to last." The city known for its brass, elegant churches, and ethnic neighborhoods, will endure by reinforcing the importance of the essential need for safe, decent, and affordable housing for all who live there. The Plan is a collective vision, a road map that will make it possible to eliminate homelessness in Waterbury and the region. The rewards for success over the next ten years will be felt by each and every interest group. The rewards will be felt by another young woman, veteran, or family without shelter who is struggling to have a safe place to live.



The Picture of Homelessness

National Level¹

- It is estimated that 664,000 people nationwide were homeless in 2008.
- While the number of homeless individuals in shelters was about the same as in the previous year, the number of people in families increased by 9%.
- Homeless persons in shelters and on the streets continued to be heavily concentrated in urban areas.
- The number of people who accessed residential programs in suburban and rural areas increased substantially from 23% in 2007 to 32% in 2008.
- The weakened economy may have influenced trends in homelessness nationally; a greater share of people accessing the homeless system in 2008 came to shelters after having exhausted short term alternatives, particularly families.
- Lengths of stay in both emergency shelters and transitional housing increased between 2007 and 2008.



*Eviction = 'evicted for a reason other than rent problems or foreclosure', 'evicted due to landlord's foreclosure', & 'foreclosure of own home'.

** Sheltered and Unsheltered populations are aggregated here.

State Level

CT Counts 2009 - Statewide Community Results

On the night of January 28, 2009, there were approximately 4,154 people experiencing homelessness.² This number includes 3,320 households; 2,902 single adults; 430 families; and 801 children in families.

- 13% of single adults served in the military.
- 18% of single adults and 32% of adults in families were currently working.
- 58% of single adults and 18% of adults in families had been in a hospital, detox or rehab for substance use.
- 50% of single adults and 60% of adults in families had a 12th grade education or higher.³
- 38% of single adults and 18% of adults in families reported suffering from a health condition that limits their ability to work, get around, and care for themselves.
- 34% of sheltered single adults and sheltered adults in families and, 55% of unsheltered single adults and unsheltered adults in families found on the night of the count were chronically homeless.⁴

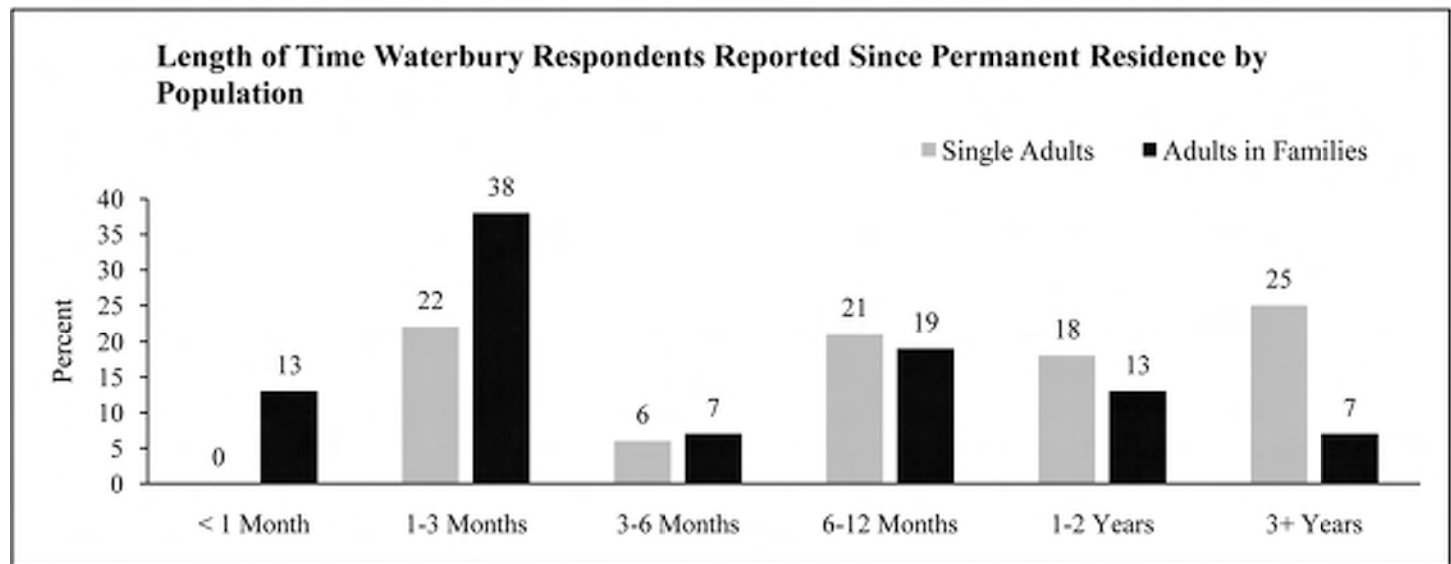
¹ U.S. Department of Housing and Urban Development, Office of Community Planning and Development, The 2008 Annual Homeless Assessment Report to Congress, July 2009.

Local Level

CT Counts 2009 - Waterbury Results

On the night of January 28, 2009, there were approximately 171 people experiencing homelessness.² This number includes:

- 133 households
- 117 single adults
- 16 families
- 38 children in families



**Sheltered and Unsheltered populations are aggregated here.

- 6% of single adults and 19% of adults in families were currently working.
- 19% of single adults had been hospitalized for mental health.
- 64% of sheltered single adults and sheltered adults in families had a 12th grade education or higher.³
- 57% of adults in families reported suffering from a health condition that limits their ability to work, get around, and care for themselves.
- 45% of single adults had been in a hospital, detox or rehab for substance use.
- 18% of sheltered single adults and sheltered adults in families and, 30% of unsheltered single adults and unsheltered adults in families found on the night of the count were Chronically Homeless.⁴

² Total people count is derived from the sum of sheltered single adults, sheltered adults in families, unsheltered single adults, unsheltered adults in families, unaccompanied youth, and children in families counted during CT Counts 2009 in the specified region.

³ 12th grade education or higher includes: 'GED', '12 Grade', 'Some College', 'College Graduate', 'Graduate Degree'.

⁴ The HUD definition of homelessness includes only people who reside in one of these places at the time of the count: an unsheltered homeless person resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street, and a sheltered homeless person resides in an emergency shelter or transitional housing for homeless persons who originally came from the streets or emergency shelters.

Costs of Homelessness

The costs of homelessness are high for those directly impacted and to the community at-large. Prevention strategies that help to maintain stable housing for vulnerable families and provide interventions that ensure that homelessness, if it should take place, will not become long-term or chronic will reduce the economic burden to Waterbury. Good sense and research demonstrate that permanent housing, available and appropriate services, and access to income supports are cost effective in both the short and long-term to both those directly impacted by homelessness and to the community.

Nationally, the disproportionate ratio between available jobs that can sustain housing and the cost of housing is stunning. In Waterbury the fair market rent for a 2-bedroom apartment, while the lowest in the state at \$894/month, would require a family to earn \$37,760 per year, or \$17.19 /hour, well above the mean hourly range for renters in the area. The financial reality to low income, under- or unemployed workers in Waterbury is clear and painful and often the beginning of a cycle of homelessness that starts with temporary accommodations with friends or family and ends in a homeless shelter or on the streets.

Stemming the downward spiral of homelessness, especially in the face of current economic conditions, is critical and immediate if Waterbury and the region are to prevent further devastation to families, to neighborhoods, and to main street.

Selected Statistics from the National Low Income Housing Coalition's Out of Reach Report, April 2009

	State of Connecticut	Waterbury HMFA
Fair Market Rent for two-bedroom	\$1,123	\$894
Housing Wage	\$21.60	\$17.19
Income needed to afford a two-bedroom	\$44,938	\$35,760
# of minimum wage jobs needed to afford two-bedroom	2.7	2.1
Work hours/week at minimum wage job to afford two-bedroom	108	86
30% of Area Median Income	\$26,303	\$20,070
Rent affordable at 30% of AMI	\$658	\$502
Mean hourly wage for all renters	\$17.58	\$13.85
Rent affordable at mean wage	\$914	\$720

Notes:

HMFA = HUD Metro Fair Market Rent Area (see www.nlihc.org for list of municipalities in each HMFA)

Fair Market Rent = Fair Market Rents are calculated annually by HUD, generally at the 40th percentile of recently available, non-luxury rental units

Housing Wage = The hourly wage needed to afford a two-bedroom apartment and not pay more than 30% of income

Minimum Wage = Connecticut's state minimum wage is \$8.00 per hour

Mean Hourly Wage = The average wage for workers who rent, by region

Affordable = Assumes that a household spends no more than 30% of total income for housing

HUD = U.S. Department of Housing and Urban Development

30% of Area Median Income = The measure by which HUD considers a household to be extremely low-income

The Cost of Family Homelessness

Homeless families are relatively understudied when it comes to research on the costs of homelessness. However, it is known that the costs to society are reflected in many sectors:

Shelters

- The rise in homelessness among children and families is straining public and private agencies' ability to provide emergency shelter to families who need it.
- The annual cost of an emergency shelter bed in Connecticut is approximately \$8,760. For a family of three, this is an annual cost of \$26,280, or \$2,190 per month. In many parts of the state, this is twice the fair market rent on a two-bedroom apartment.



Schools

Because many homeless children have such poor education experiences, their future productivity and career prospects may suffer. This makes the effects of homelessness much longer lasting than just the time spent in shelters.

- Homeless children experience frequent moves that make it hard for them to keep up in school.
- Almost half of homeless children attend two different schools in one year. As a result, three quarters of homeless children perform below grade level in reading, and more than half perform below grade level in math.⁵
- School age homeless children experience four times the rate of developmental delays, twice the rate of learning disabilities, and three times the rate of emotional and behavioral problems as housed children.
- When children who experience homelessness and housing instability fall behind in the classroom, our schools do not work as well.

Foster Care

- Approximately one third of children in foster care have a homeless or unstably housed parent.
- Children placed in foster care are at higher risk of experiencing homelessness in the future.
- Keeping families together, thus preventing children from entering foster care, requires ensuring that the family remains stably housed.
- The cost of placing two children from a family experiencing homelessness in foster care is about \$34,000 per year.⁶ The cost of keeping a family stable and in housing - whether through prevention, rapid re-housing, or supportive housing strategies - is significantly lower than the cost of out of home placement for children.

Health Care

- Homeless children are more likely than housed children to suffer from chronic illnesses such as cardiac disease, neurological disorders, and asthma. They are also at high risk of infectious disease.

⁵ National Center on Family Homelessness, Homeless Children: America's New Outcasts, 1999. Housing America. There's No Place Like Home: How America's Housing Crisis Threatens Our Children, 1999. Family Housing Fund, Homelessness and its Effects on Children, 1999.

⁶ National Alliance to End Homelessness, Promising Strategies to End Family Homelessness, June 2006, Washington D.C., page 23.

Housing in Connecticut: Facts and Figures

Economist Don Klepper-Smith, in a study for the Partnership for Strong Communities, has estimated that 1,257 new jobs are created for every 1,000 affordable housing units that are developed.

Median Income & Households⁷

- 70% of Connecticut households own their homes, 30% are renters.
- CT's median household income: \$65,967. Median household income for owners: \$83,037. Median household income for renters: \$34,634.
- 39% of CT households spend more than 30% of their income on housing, 35.4% of owner households and 47.5% of renters.
- 25.5% of CT households - 336,973 - earn less than 80% of median income and pay more than 30% of that income for housing.
- 24% of renters are severely burdened by housing costs, earning less than 50% of area median income and paying more than 50% of that income for housing.

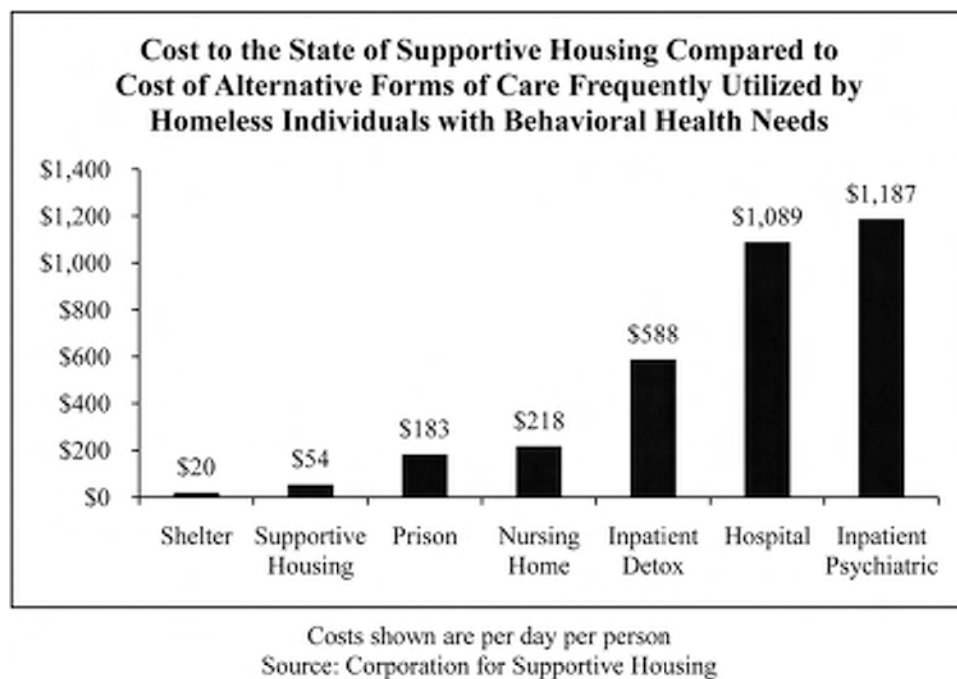
Occupations, Wages & Housing⁸

High housing costs can be burdensome for CT's workers and employers. Nearly half of the jobs in the state - 329 of 695 - do not offer an average hourly wage that matches what is needed to afford the typical two-bedroom apartment, including: Teacher Assistants; EMTs & Paramedics; Police & Ambulance Dispatchers; Secretaries; Court & Municipal Clerks; Machinists; Office & Payroll Clerks; Medical Technicians; and many, many more.

Low Supply

Connecticut lacks the supply of housing that other states have. The state has consistently ranked in the bottom of the states in the number of building permits issued per capita:

2007 - 49th
2006 - 49th
2005 - 48th
2004 - 46th
2003 - 46th
2002 - 46th
2001 - 45th



⁷ U.S. Census Bureau, 2007 American Community Survey

⁸ Connecticut Housing Coalition

Next Steps

The contributed knowledge, expertise, experience, and opinions from a range of participants have papered the walls of the United Way meeting room during the last six months. Each idea has been valued, recorded, and divided into categories of commonality. The perspectives from providers; city, business, and community leaders; municipal government; neighborhoods; and those who have experienced homelessness have been funneled into a plan of action. Much was shared and learned. The planning process, by itself, has created powerful collective optimism that homelessness can and will be solved in Waterbury.

Now, in the fall of 2009, the Plan is ready to move forward into implementation. A Ten Year Plan Steering Committee including the leadership of the Continuum of Care will guide the implementation process and ensure that the plan's goals, actions, and benchmarks are evaluated annually and shared with the community. Specific planning groups convened by leaders who have been involved in its creation and community champions committed to Waterbury's success in ending homelessness will be the stewards of five strategic areas included in the Plan.

Specific priorities have been targeted from within the larger Plan to encourage focused and measurable implementation. Evaluation, re-prioritizing, and re-benchmarking within the strategic areas will take place annually. The Plan is intended to be fluid enough to respond to evolving conditions and opportunities and firm enough to keep its ultimate goal of ending homelessness in Waterbury front and center.

Strategic Priorities

The Plan's infrastructure for implementation is focused upon five strategic priorities:

Strategic Priority #1:

Create 250 units of permanent supportive housing in ten years within the Waterbury region. Create 60 units of permanent supportive housing within the first 3 years including 20 units of housing for Veterans

Begins: November 2009
Conveners: Vivian Becker, Neighborhood Housing Services
Diane Toolan, Waterbury Development Corporation
Champion: Rick O'Brien, Regional President, Webster Bank

Activities:

- Create a collaboration of housing interests to align the strategic priority with public policy, transportation, and development interests
- Promote and create incentives for set-asides for permanent affordable units included in all new development projects



- Identify leveraging opportunities within the community
- Develop 5 new partnerships with private and/or non-profit developers to support the creation of permanent supportive units by year 3
- Advocate for funding on behalf of the creation of permanent supportive housing units on a federal, state, and local level

Benchmarks:

- Establish a housing coordinator role to coordinate and carryout the housing goals of the TYP within 2 years
- Data will support evidence of a 25% reduction of chronic homelessness by December 2012



Strategic Priority #2:

Create a sustainable flexible assistance fund to provide short-term financial assistance for individuals and families who are in danger of becoming homeless

Begins: November 2009
Conveners: Milena Sanguit, Western CT Mental Health Network
 Mary Conklin, CT Legal Services
Champion: Senator Joan Hartley

Activities:

- Identify key agencies and individuals to assess, evaluate, and provide recommendations for a flexible assistance fund

Benchmarks:

- Develop a flexible assistance model and fiduciary agent by year 1
- Serve 25 families by year 3

Strategic Priority #3:

Develop a respite model to provide transitional medical/behavioral health services to homeless individuals being discharged from institutional care

Begins: November 2009
Convener: Ellen Brotherton, Western Connecticut Mental Health Network
Champion: Dr. Peter Jacoby, St. Mary's Hospital

Activities:

- Research and evaluate respite care models
- Collect and evaluate discharge data, costs, and shelter data
- Determine a collaborative discharge planning protocol

Benchmarks:

- A task force that includes key leaders from area medical and behavioral health institutions and providers is assembled and committed to a vision of a medical respite program is active by year 2
- A lead agency and potential funding sources have been established by the end of year 5

Strategic Priority #4:

Reduce fragmentation of employment and income services and increase linkage among employment, training, service, and education resources

Begins: November 2009

Conveners: Joe Bannon, Northwest Workforce Investment Board
Rich Dupont, Resource Development Associates

Champions: Lynn Ward, Greater Waterbury Chamber of Commerce
Commissioner Pat Mayfield, Department of Labor

Activities:

- Develop a partnership among employment, training, service, and education leaders to define a coordinated employment, income, and training strategy
- Define an outreach plan to connect employment, income, and training resources to homeless shelter providers and at-risk populations

Benchmarks:

- Define the roles, responsibilities and resources to initiate and maintain a coordination capacity for implementation of the Employment and Income goals of the TYP

Strategic Priority #5:

Communicate the goals, action steps, and benefits of the implementation of the TYP to stakeholders and target audiences within the region

Begins: November 2009

Champion: Tom Chute, WATR

Activities:

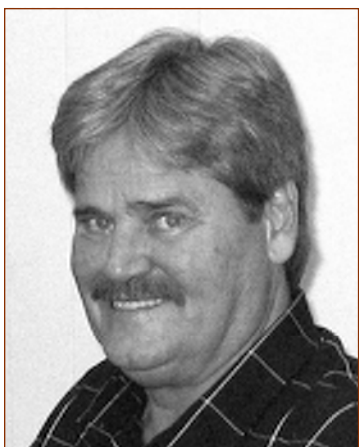
- Develop a network to gather research and best practices
- Develop and distribute a community communications toolkit that describes the plan, its implementation, and its progress
- Develop a speaker's bureau that includes representatives of the TYP leadership, stakeholders, and those who have experienced or are affected by homelessness

Benchmarks:

- Organize data that provides local cost comparisons related to prevention by year 2
- Develop website, PowerPoint presentation and other toolkit informational materials for distribution by year 2



Newly developed affordable owner-occupied plus rental units developed by Neighborhood Housing Services at 1020 West Main Street.



Housing

Brian Reilly is concerned about the maintenance of the 11-unit apartment building in which he lives in Waterbury; he acts as the unofficial maintenance supervisor of the building and is fussy about its condition. He knows the neighbors and comments that he particularly loves the smells of home cooking that come from a nearby apartment. He talks a lot about his own family from which he is now largely disconnected.

In his late fifties with an enviable head of hair and engaging manner, Brian's been a carpenter most of his life. Some of his friends called him Huck Finn from the days when he pushed barges in Louisiana. He's used a cane since breaking both legs in a work-related accident several years ago. He mentions that he was always a bit of an entrepreneur but that those talents took off in the wrong direction at an early age with alcohol an early partner and drug addiction a constant companion. His health has been compromised by years of hard living for which he takes responsibility and feels regret.

Looking around Brian's spotless apartment full of comfortable matched furniture and a big picture of angels on the wall, it would be hard to link his history with the present. He holds the key to his apartment up for me to see; it is not only the key to his apartment it is the key to keeping his life on track and to self respect.

Recently Brian sent his father a newspaper clipping that showed him pictured with Waterbury Mayor Michael Jarjura, Congressman Chris Murphy, and John O'Brien, Regional Coordinator of the U.S. Interagency Council on Homelessness. As a member of the Ten Year Plan Housing Committee he urged that group to connect the goals to the realities of homeless people. He recently shared his story at a Waterbury Continuum of Care meeting. He was homeless, now he's an activist on behalf of preventing homelessness.

Goals and Action Steps

On the night of January 28, 2009, an icy blizzard roared through Connecticut; the same night that communities across Connecticut conducted their third statewide Point-in-Time Count of homeless individuals and families. On that frozen night in Waterbury 171 people were counted as homeless including 117 single adults, 38 children in families, and 16 adults in families. The number counted is a snapshot of the other 364 nights during which the known and unknown in our midst remind us that it is time for change.⁹

Increases in homelessness among children and new statistics that demonstrate that homelessness is rapidly spreading beyond urban centers to rural areas are new and disturbing trends. Families and single adults are entering Connecticut's homeless shelters more often and staying for longer periods of time; they are also living outside, in cars, and in the woods. The crisis of homelessness in Waterbury is both socially and economically devastating. Emergency rooms, public safety personnel, and schools are impacted by the toll in dollars and quality of life. The annual cost of an emergency shelter bed in Connecticut is approximately \$8,760. For a family of three, this is an annual cost of \$26,280, or \$2,190 per month. In many parts of the state, this is twice the fair market rent of a two-bedroom apartment.

⁹ 2009 Point-in-Time Count.

Statewide it is known that veterans including those who have served in Iraq and Afghanistan make up 1 in every 6 members of Connecticut's homeless. The U.S. Interagency Council on Homelessness is working with federal agencies to identify current and potential resources to secure, engage, and coordinate efforts to prevent homelessness among veterans on the federal, state and local level. Permanent housing options, including Housing First models and those that take advantage of HUD Veterans Affairs Supportive Housing (VASH) vouchers for veterans must be developed so that we do not repeat the explosion in veteran homelessness that occurred following the Vietnam and Gulf Wars.

Statistics confirm that the issue of homelessness is not unique to Waterbury, though most urban centers provide the bulk of services to this population. Homelessness is a regional issue, increasingly so given the sharp increase in foreclosures and evictions as the result of a soured economy. Over 6,000 homeless clients who received services in Connecticut had a zip code of last permanent address in the Waterbury region with 12% (780 clients) living in a town outside the city of Waterbury.¹⁰

With shelters both within Waterbury and throughout the state operating at or beyond capacity, there is no doubt that the solution to the housing crisis is not more shelters but more affordable housing along a continuum of need. The housing goals and action steps of the City of Waterbury Ten Year Plan prioritize the development of broad and creative partnerships with private, non-profit, and municipal government, the leveraging of local resources, and expansion of regional housing strategies and solutions.

Goal #1:

Develop a continuum of affordable housing opportunities

Action Steps:

- Create 250 new units of permanent supportive housing
- Align the housing goals of the TYP with those of public housing authorities, the Waterbury Development Corporation, federal housing and neighborhood stabilization programs, and the Veterans Administration
- Create a working partnership with public housing authorities to advocate for sufficient numbers of tenant and project-based subsidies for families, individuals, and special populations
- Utilize and leverage available and potential funding sources to create new housing opportunities

Connecticut Best Practice

Danbury, Connecticut's *Housing for Heroes* was one of the first municipal plans in the country developed to end homelessness among veterans. Mayor Mark Boughton said "This new plan is a comprehensive effort to address the need for veteran housing in Danbury... to bring them (veterans) back into the community that they vowed to protect." With the Mayor's leadership supported by community partnerships including the Danbury Ten Year Plan to End Homelessness, a Veteran's Housing Workgroup was convened that identified issues and resources to improve housing options for veterans including emergency, transitional, and permanent housing. To date permanent housing options have been secured along with two (2) U.S. Department of Veteran Affairs grants to develop supportive emergency and transitional housing opportunities.

John Sullivan, LCSW
HUD-VASH Program Coordinator
U.S. Department of Veteran Affairs

¹⁰ Connecticut Coalition to End Homelessness, 2008 Waterbury Community Snapshot.

Benchmarks:

- 25% of permanent supportive units added by year 3
- Provide 20 housing units targeted for veterans in years 1 and 2
- Convene a collaboration of housing organizations to define mutual goals and priorities within 6 months

Goal #2:

Create regional affordable housing solutions

Action Steps:

- Insure that permanent supportive housing units exist within all towns in the region
- Reduce regulatory barriers to the creation of permanent supportive housing units
- Define and communicate incentives for affordable and supportive set-asides for developments of 4 or more units
- Coordinate regional housing solutions with regional transportation services
- Partner with private, non-profit, and public entities to develop units of affordable and supportive housing

Benchmarks:

- Prioritize incentives for property owners, developers, and public housing authorities to make units available within 2 years
- Identify 5 new developers willing to work in partnership with TYP housing goals by year 2

Reaching Home

The campaign to end long-term homelessness in Connecticut through the creation of 10,000 units of supportive housing by 2014.

Emerging Best Practice

In July of 2009, the Corporation for Supportive Housing launched the *Center for Housing Innovations (CHI)*, a new project that will focus technical assistance and consultant support to communities wishing to leverage local resources for the creation of supportive housing. Typical projects include partnerships with housing authorities, set-asides by for-profit and non-profit developers, and partnerships with local landlords. CHI is modeled on the work of *Fairfield 2008*, a collaboration of Fairfield County non-profits who have helped to create 600 units of permanent supportive housing through the creation of diverse and unique partnerships. CHI will work closely with the CT Coalition to End Homelessness, the Reaching Home Campaign, Ten Year Plan communities, and other partners to target efforts to create new units of supportive housing.

The Center for Housing Innovations is dedicated to:

- Building, facilitating, and brokering public-private housing innovations to create 2000 units of supportive housing by 2014.
- Creating and testing market incentives to spur the creation of permanent supportive housing among developers, Housing Authorities, and social service providers.
- Testing creative financing tools.
- Building relationships with Ten Year Plan communities.
- Serving as a facilitator and technical assistance provider on strategies for the creation of permanent supportive housing to nonprofits, Housing Authorities, and Ten Year Plan communities.
- Creating a regional approach to address gaps in coverage for permanent supportive housing.

Goal #3:

Develop an education campaign that supports the elements of the continuum of housing need and opportunities in Waterbury

Action Steps:

- Define a housing and property management best practice model that integrates the goals of providers, housing consumers, and neighborhood groups

Benchmark:

- Create and distribute a document that defines the continuum of housing models and suggested property management standards within year 1

Goal #4:

In coordination with the Continuum of Care develop a housing consortium that includes a coalition of housing interests that is responsible for implementation of the goals of the TYP

Action Steps:

- Create a housing coordinator position that has responsibility for implementation of the TYP
- Maintain an inventory of current and potential housing units, landlords, and developers
- Research and recommend effective strategies



CREDO Housing and Development Corporation opened seven units of housing for chronically homeless disabled individuals on June 1, 2009.

HUD-VASH

Veterans Supported Housing (VASH) Program, with the U.S. Department of Housing and Urban Development (HUD), provides permanent housing and ongoing case management treatment services for homeless veterans who would not be able to live independently without the support of case management. HUD's Section 8 Voucher Program has designated over 10,000 vouchers to Public Housing Authorities (PHAs) throughout the country for veterans who are homeless. This program allows veterans to live in veteran-selected apartment units with a "Housing Choice" voucher. These vouchers are portable so that veterans can live in communities served by their Veterans Administration (VA) medical facility where case management services can be provided. HUD-VASH services include outreach and case management to ensure integration of services and continuity of care. This program enhances the ability of the VA to serve homeless women veterans, as well as other targeted homeless veterans, and their immediate families. Evaluation of an earlier similar program indicates that this approach significantly reduces days of homelessness for veterans and most veteran participants remained permanently housed.

Benchmarks:

- In collaboration with the Waterbury Development Corporation (WDC), adopt a job description and work plan that aligns with the TYP goals by year 1
- Develop funding support to hire and maintain a housing coordinator position by year 2

Goal #5:

Stabilize neighborhoods

Action Steps:

- Create incentives that encourage rehabilitation of existing housing stock
- Propose the housing goals of the TYP be added to the Plan of Conservation and Development (POCD)
- Review and recommend that Neighborhood Revitalization Zone (NRZ) and neighborhood stabilization models reflect the TYP housing goals

Benchmarks:

- Review city’s blight ordinance and zoning policies within year 1
- Add TYP housing goals to the POCD in year 2
- Amend NRZ policies to reflect TYP housing goals in year 1
- Review and recommend neighborhood stabilization best practice models in year 1

Out of Reach

The hourly wage needed to rent the typical two-bedroom apartment:

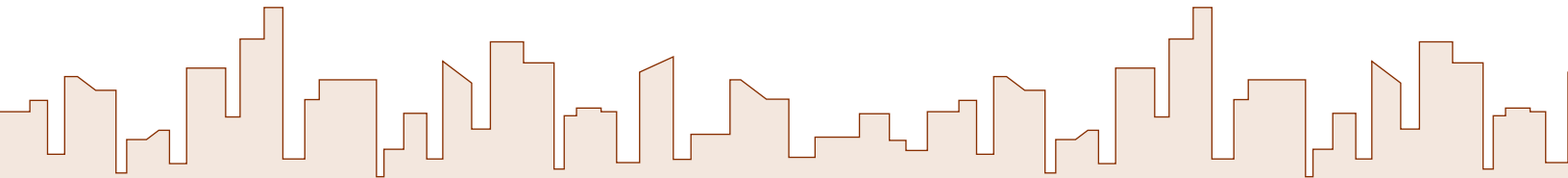
State of Connecticut	\$21.60
Combined Non-Metro Areas	\$17.69
Southern Middlesex County	\$21.23
Milford, Ansonia, Seymour.....	\$21.40
New Haven, Meriden	\$21.17
Norwich, New London.....	\$18.48
Colchester-Lebanon	\$20.73
E, W, and Hartford	\$19.63
Stamford-Norwalk	\$32.75
Waterbury.....	\$17.19
Bridgeport	\$23.35
Danbury.....	\$28.94

Source: National Low Income Housing Coalition

National Best Practice

Housing First is an approach to ending homelessness that centers on placing the homeless into housing quickly and then providing services as needed. A Housing First approach is different from that of traditional emergency shelter or transitional housing approaches; Housing First is a “housing-based” model with a primary focus upon helping individuals and families quickly access and sustain permanent housing. Housing First programs share critical elements:

- A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible.
- Services are provided that will promote housing stability and individual well-being.
- Services are time-limited or long-term depending upon individual need.
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with services and supports that are necessary to help them remain successfully housed.



Prevention

The slide into homelessness began when Cyrilla Stoll learned her 8 year old daughter had leukemia. The toll of becoming a full-time caretaker to a child undergoing chemotherapy led to the loss of a job and a downward spiral of emotional and economic stability that led eventually to homelessness.

These days Cyrilla is a different woman. She has fought her way back from homelessness with lots of help along the way from supportive services and notably from her mother who has helped with the raising of Cyrilla's four children. Sitting in her comfortable, cheerful apartment there is a sense of future.

Cyrilla credits her St. Vincent DePaul case manager with helping her to stay on track, focused upon making good decisions, and committed to the effort it takes to recover from all the factors that reduced Cyrilla and her family's life to chaos and insecurity. Today, Cyrilla talks about exploring some new directions, perhaps beginning with one course at the community college. She's not sure she can handle college but has learned that with each step forward comes a new challenge. Life is looking much better.



Goals and Action Steps

The goal of the Prevention Plan is to “close the front door” on homelessness by initiating prevention strategies that focus upon coordination of efforts within the community to ensure that everyone is, as a minimum, housed, and that services and resources exist to provide housing stability. Research has demonstrated that the needle can be moved significantly when there is a deep and comprehensive commitment by community stakeholders to provide the supports necessary to maintain housing.

The prevention goals and action steps of the TYP focus extensively on expanding the sustainability of the federally funded Homelessness Prevention and Rapid Re-housing Program (HPRP) designed to prevent short-term homelessness from becoming long-term and developing a referral and assessment system that will close gaps and reduce barriers to housing and services. HPRP is an opportunity to initiate a pilot prevention and rapid re-housing program that can lead to the creation of a long term, sustainable system that has the potential to end the cycle of homelessness.

2-1-1 Housing Plus

What it is: United Way 2-1-1 will provide specialized services for families at risk for homelessness. Services will be delivered using the 2-1-1 Plus model, or service coordination model.

How it Works: The service coordination model involves a detailed assessment of the issues, personalized information and referral, intervention/problem solving if necessary, and follow-up. Follow-up contact attempts are made on the majority of the calls, and the relationship with the caller is generally longer and involves multiple contacts with the service provider. Call specialists enter the results of the assessment and call notes directly into HMIS, which streamlines the intake for other providers who may be consulted or involved.

Why it's Better: 2-1-1 Plus creates the ability to look at data overtime to determine trends in accessing a range of services. It sets the stage for the ability to evaluate outcomes over a longer period of time. This specialized unit of 2-1-1 will serve as an entry point into a coordinated homelessness prevention system and help to simplify a complicated and sometimes emotional experience for families.

Goal #1:

Develop a data repository for multiple software systems that has the compatibility and capacity to integrate and interpret data and produce frequent, accurate, useful, and focused statistical information

Action Steps:

- Expand electronic database system(s) and electronic training and licensing opportunities for HMIS and/or other systems
- Create and fund a position that will oversee data management
- Develop a protocol for sharing data among providers
- Produce a comprehensive monthly snapshot of housing and service utilization

Benchmarks:

- A data sharing protocol will be established by year 2

Goal #2:

Strengthen the capacity of 2-1-1 to provide targeted information and accurate data

Action Steps:

- Provide 2-1-1 community-wide training opportunities that targets non-traditional point-of-contact individuals and groups including faith-based, public safety, and school personnel
- Create a train-the-trainer protocol to expand delivery of information and services

- Reinstate 2-1-1 access to shelter information on current shelter bed availability
- Include eviction prevention and response services to updated 2-1-1 system

Benchmarks:

- Train 30 providers by year 2
- Schedule two 2-1-1 trainings for non-traditional point-of-contact persons in year 1
- Train 20 non-traditional 2-1-1 trainers by year 3
- Produce 5 new 2-1-1 trainers by year 2

Goal #3:

Sustain a flexible assistance fund

Action Steps:

- Identify fund goals, protocols, referral, and fiduciary system
- Identify a fund-raising strategy
- Create a collaboration among agencies receiving HPRP funding
- Develop a system to track, evaluate and amend, when necessary, the flexible assistance fund model

Benchmarks:

- Identify a fundraising and fiduciary protocol by year 2



Homeless Management Information System (HMIS)

In 2004, three pilot communities, Danbury, Hartford, and Bridgeport, began entering data into the Connecticut Homeless Management Information System (HMIS). Data entry went statewide the following year. Since that time, this statewide database has collected client demographic, service usage and length of stay information on over 27,000 unduplicated clients, the result of hard work by staff in Connecticut's emergency shelters and transitional living programs.

Since 2008, Connecticut HMIS data has been used to provide invaluable information on homelessness in our state, and analysis of the effectiveness of current efforts to prevent and end homelessness. As the system continues to grow, and data quality continues to improve, HMIS data is expected to be one of the critical mechanisms to guide creative, effective, and targeted reduction and prevention of homelessness.

HMIS is mandated by the Department of Housing and Urban Development (HUD) for all shelter programs that utilize federal funding. Expansion of HMIS data beyond HUD-funded housing programs will allow expansion of data-driven solutions to homelessness.

Emerging Best Practice

Among the initiatives included in the American Recovery and Re-investment Act signed by President Obama in February, is a sizable infusion of funds to Connecticut for *Homeless Prevention and Rapid Re-housing (HPRP)*.

HPRP will provide temporary financial assistance and housing relocation and stabilization services to individuals and families who are at immediate risk of homelessness. State and local funds will be available in Waterbury beginning in late 2009 and will be available for at least two years.

Eligibility screening and referral to local and regional HPRP programs will be provided through 2-1-1 as well as local non-profits who receive funding. Services provided will include short and medium term rental assistance (3-18 months) which can include up to six months of retroactive rental arrearages, utility arrearages and reconnection, legal services, moving expenses and supportive services including housing search assistance, money management skills, and case management services geared toward housing stabilization and referral to mainstream services.

HPRP represents a significant opportunity to create systems change by implementing a housing-based intervention to homelessness. Different from shelter interventions, the program seeks to prevent loss of housing, divert households from entering shelter if they do lose their housing, and quickly move individuals and families who enter shelter into housing.

Goal #4:

Develop a comprehensive rapid re-housing program for families and individuals with low to moderate service needs

Action Steps:

- Collaborate with TYP Services goals to develop a rapid re-housing position to coordinate housing, service, and employment needs of program participants
- Adopt a universal assessment tool
- Identify accessibility barriers to permanent housing
- Establish links to employment, income, training and short term financial assistance services and coordination
- Connect 2-1-1 referrals to rapid re-housing model

Benchmarks:

- Provide data on numbers of persons assisted through HPRP and other funds by year 1
- Track number and results of persons referred to rapid re-housing programs



Goal #5:

Provide education and resources on homelessness and homelessness prevention

Action Steps:

- Develop 2-1-1 as the universal access point for information related to eviction and foreclosure
- Provide education on the rights and responsibilities of tenants, landlords, property managers, and municipal agencies that enhance knowledge, provide clarity, and encourage collaboration
- Provide education and legal information related to eviction and foreclosure prevention strategies
- Develop education, resources, and focused prevention strategies for specific population groups (teens, veterans, elderly, disabled, other) that are homeless or at-risk of homelessness

Benchmarks:

- Promote use of 2-1-1 through collaboratives and public media in year 1
- Track and report on results of CT Legal Services HPRP goals related to public education by year 1
- Track and report results of Neighborhood Housing Services foreclosure and eviction training by year 1

Goal #6:

Create a collaborative, cooperative, and common sense discharge planning protocol

Action Steps:

- Expand collaboration among Continuum of Care, Department of Corrections, police, VA, hospitals, and other partners to define issues, recommend solutions, and develop a checklist of criteria upon which to evaluate progress toward solutions
- Create adequate housing and support services to meet need

Benchmarks:

- Convene partners to identify elements of unified discharge protocol plan including barriers, policies, and incentives in year 1

Partners Every Prevention Program Needs

- Public and private agencies that administer emergency financial assistance
- Public and private first responders - police, domestic violence shelters, homeless outreach services, hospital emergency rooms, etc.
- Legal services
- Local housing authority/public housing: subsidies and subsidized housing
- Private market landlords, housing management companies
- Specialized supportive housing programs
- Utility companies
- Job training and employment services, temporary labor agencies
- Childcare resources and public programs that subsidize childcare
- Consumer Credit Counseling Service (CCCS) agencies
- Mental health and chemical health assessment and treatment providers
- Youth development and child welfare providers

Source: Homelessness Prevention: Creating Programs that Work, NAEH, July 2009.

Goal #7:

Expand collaboration among Continuum of Care, Crisis Intervention Team, Waterbury Police Department, the business community, and neighborhood groups to develop effective and seamless education and homelessness prevention strategies

Action Steps:

- Expand the community policing priority to link public safety personnel to service providers through the development of mutual education protocols and distribution of prevention-related materials

Benchmark:

- Protocols established by year 2

National Best Practice

A Legal Services Outreach Plan for Eviction Prevention: Eviction filings are public information in Minnesota. Two legal services agencies access the evictions filings twice a week and mail each affected tenant a flyer describing services, income eligibility limits and how to get help. Lawyers also received permission to set up a temporary office inside the courthouse when evictions are scheduled to be heard. People arriving for their hearing can walk in and consult with an attorney before going to court. The legal services lawyers are very successful at negotiating financial settlements with landlords for past due rent so the tenant can remain in housing. The attorneys can also ask the judge to allow additional time before the tenant must move out so the tenant can find alternate housing without becoming homeless.

Source: Homelessness Prevention:
Creating Programs that Work, NAEH, July 2009, p.19.

Emerging Best Practice

Middlesex County Homelessness Prevention Fund [MCHPF]

Goal: Develop, implement, and sustain a county-wide model for a flexible housing assistance fund for people at-risk of homelessness.

Criteria:

- To access funds, a person or family must have housing and be at-risk of losing it.
- The applicant must have income sources to maintain their housing beyond the prevention grant.
- The maximum grant amount is \$2,500.
- The Fund is available to individuals and families who reside throughout Middlesex County.
- Individuals or families receiving MCHPF funding will be provided information on additional supportive services.

A pilot program was launched in March 2009 and has already benefited 14 families in 7 of 15 county towns.



Services

Standing in front of the delicate matched china and glassware displayed in his Robbins Street apartment, Harold Rollins looks justifiably proud of his surroundings. Though he complains of a missing window screen, the presence of some weeds in the backyard, a temperamental refrigerator that, for a diabetic like Harold, is an appliance that needs to be reliable, he knows his apartment is beautiful.

The apartment is meticulously maintained, appealing and warm, like Harold himself. He sits down in his favorite chair and tells me about what it means to have his own apartment. He shares credit for the good fortune to have permanent housing with supportive services with God and with Tony Bocci, a homeless outreach worker at Waterbury Hospital who is dogged in his determination that home should not be a homeless shelter.

Judging by the looks of the apartment Harold is a landlord's dream come true, but Harold hasn't always been the kind and gentle man I meet with today. He describes his past life as a train wreck and shares with me some of the details that he worries I will find too disturbing. While his memories of a wonderful and strong grandmother are some of the best he has, she could not counter the holes left by other losses that were impossible to fill. Bad choices, drug abuse, losses of relationships, prison, hopelessness, and homelessness have taken up years of his life. He knows he's lucky to be still standing but believes he's on track for a very different future. He knows what he has to do to be successful.

As a member of the Waterbury Ten Year Plan Services Committee, Harold played a critical role in helping the committee frame an element of the Services Plan that calls for respite care for homeless people with need for ongoing care following a hospitalization. He knows what he's talking about; if such a program had existed for Harold he might still have all his toes. Harold's story, delivered with grace and wisdom, gave the Services Committee its marching orders.

As we leave his living room Harold flips off the light switch; he knows exactly how much money is budgeted for his electric bill.

Goals and Action Steps

Creation of housing units is clearly the reasonable and viable economic alternative to homeless shelters that are ill equipped to provide permanent solutions to homelessness. Preventing homelessness has obvious benefits. Once housed, often the most critical factor that will lead to long-term housing stability and the end to a cycle of homelessness is the provision of wraparound services; the foundation for permanence.

The range of services essential to closing the gaps and adding to housing stability include income supports, mental health and substance abuse services, childcare assistance, legal assistance, and include various combinations of services that bridge the gap between homelessness and permanent housing solutions.

A coordinated wraparound service delivery system based upon effective collection, assessment, referral, and use of data is the critical link in the chain that allows people who become housed to stay housed, successfully and overtime.

National Best Practice

Homeless Alternatives Respite Program (HARP) is a collaboration in Portland, Oregon between Partnering Hospitals and Homeless Alternatives, a non-profit social services organization, to provide Medical Respite Care to the homeless individuals.

HARP services include:

- Working with patients while recovering from a medical injury or illness
- Insuring adequate safety, health, and nutrition requirements are maintained during and after recovery
- Connecting patients to a Primary Care Physician for ongoing non-emergency care
- Obtaining medical and social benefits for clients who have been displaced or are without connected services
- Connect and provide extensive case management services to clients referred to HARP

Homeless Alternatives started the HARP program after realizing the need for medical respite services for hospitals and the homeless outside of that currently available in Portland, Oregon. A major effort of the Waterbury Ten Year Plan will be to replicate this effective program for chronically homeless residents of Waterbury. The benefits of a homeless respite program include: improvement of health outcomes for at-risk patients, prevent discharge of patients to shelter and onto the streets, reduce costly recidivism due to lack of aftercare, provide efficiencies to hospitals and clinics who typically serve homeless patients.

Source: <http://www.homelessalternatives.org/>

Goal #1:

Collaborate with and expand existing partnerships to develop a “no wrong door”, point-of-entry system that coordinates the connection of those who are homeless or at-risk of homelessness to support services

Action Steps:

- Develop a universal intake or screening tool
- Increase resources for existing programs that support the immediate needs of individuals and families in need of supportive services
- Develop a mobile triage team
- Seek gap funds for ineligible needs for special populations (VA, DOC, others)
- Support the expansion of the 2-1-1 assessment and referral system
- Expand the Continuum of Care membership to include non-traditional partners including police, YMCA, Dept. of Health, Transportation, DOC, counseling services and others

Benchmarks:

- Adopt a universal intake or screening tool for housing and services within 2 years
- 50% of housing support service providers will utilize screening tool within 3 years
- Develop triage team and evaluate effectiveness of HPRP eligibility pilot by year 2

Goal #2:

Utilize data to reduce redundancy and increase efficiency

Action Step:

- Educate public and provider communities, in collaboration with the TYP Prevention Committee, and create incentives to participate in “no wrong door” strategy

Benchmarks:

- Provide protocols for homeless information data collection, systems management, data input, and reporting mechanisms to the Waterbury CoC and community stakeholders within 2 years
- 50% of housing support services will utilize a shared database of homeless demographics and service needs within 3 years

Goal #3:

Develop a medical/behavioral respite center for homeless individuals discharged from hospital or related settings who need continued medical care

Action Steps:

- Research medical/behavioral respite models and best practices including a behavioral health/primary care integration model

Health Care Costs of Chronic Homelessness

Chronically homeless people, defined by the federal government as those who have experienced repeated or extended stays of a year or more on the street or in temporary shelter and have a disability, constitute about 10% of the homeless population and consume more than half of homeless resources. This subset of people suffers from complex medical, mental, and addiction disabilities that are impossible to manage in the unstable setting of homelessness.

Source: Massachusetts Housing and Shelter Alliance, Home & Healthy for Good Progress Report, June 2009.

Connecticut Best Practice

The daytime *New London Homeless Hospitality Center* opened on January 15, 2007, and is located on the lower floor of the old home of the All Souls Unitarian Universalist Congregation at 19 Jay Street. The Hospitality Center offers a place of welcome and help for area homeless to connect to needed services.

Services include:

- The HHC “living room” as an alternative to gathering in public places or private property
- Use of a mailing address, phone and messaging service
- Access to computer and internet service
- Visiting nurse, HIV, mental health, and VA services
- Showers
- Housing and access to benefits information and assistance
- Short and long-term personal planning assistance, laundry vouchers, storage for personal papers and medication

The Hospitality Center is also the site of a weekly community care team meeting. At this weekly forum, service providers meet to coordinate efforts on behalf of homeless individuals.

Source: <http://www.nlhhc.org>

Connecticut Best Practice

Established in 1998, the *Norwich Community Care Team* is a collaborative of municipal, non-profit and state health and human service agencies who have banded together explicitly for the purpose of finding long-term solutions to serving chronically homeless people. The target population, on whom the team focuses, is the hardest to serve, usually afflicted with severe and persistent substance abuse, mental health issues or both. Team participants are as diverse as the needs of the region's homeless. They include: Norwich Human Services, William Backus Hospital, DSS, SSA, Norwich Police Department, Norwich Health Department, SE CT Mental Health Authority, and an array of provider agencies within the region

A memorandum of understanding and accompanying release of information for clients allows the Norwich Community Care Team to practice regular case conferencing and problem solving. This effective practice has been replicated through the very successful New London Community Care Team, Windham Safety Net Team, and others. All of these efforts have emerged through implementation of local ten year plans.

- Obtain discharge data and medical costs related to the area health care systems and area shelter systems
- Develop team to triage medical/behavioral patients released from the hospital who have inadequate housing options
- Work in collaboration with DSS to streamline access to medical and other benefits available to the homeless population
- Convene a task force of hospital and shelter leaders to develop a collaborative outreach and discharge planning protocol

Benchmarks:

- Establish a leadership collaborative to study and provide recommendations for action
- Create a collaboration of mainstream hospital and service providers to explore and lead an effort to create a respite program within 2 years including: review of discharge data; cost benefit analyses; sources of potential funding; and design of respite program
- Identify a lead agency and funding sources to establish a respite program within 5 years
- Begin implementation within 6 years

Goal #4:

Expand and enhance existing services to address systems gaps and changing needs of the homeless population

Action Steps:

- Inventory and assess effectiveness of existing supportive services
- Close funding gaps between housing units and available service dollars
- Increase supportive services as needed in the following areas: employment and training, education, case management, recuperative care, training for housing case managers, domestic violence intervention, access to services information, and safety net participation
- Coordinate and adapt the Services Plan to align with other city or regional plans including: early childhood, transportation, and other relevant strategic plans
- Provide education and support for use of a harm reduction model
- Research and provide recommendations on potential benefits of a clubhouse model for daytime homeless service support

Benchmarks:

- Obtain baseline data on all existing resources and provide service and/or capacity gaps within 6 months

Connecticut Best Practice

Beyond Shelter CT is an innovative program created in January 2000 that prevents the recurrence of homelessness by providing up to one year of coordinated follow up services to households leaving shelters and transitional housing programs and their landlords. There are currently fourteen programs within Connecticut.

An individual or family is eligible for Beyond Shelter if they are currently homeless or transitioning from unsheltered, emergency shelter services or temporary transitional living programs to permanent housing and have demonstrable income or a housing subsidy. The model focuses on those with low to moderate housing barriers. Services provided may include education on landlord/tenant rights and responsibilities; life skills workshops on issues such as parenting and money management; assistance procuring food and furniture; as well as support in securing mental health and substance abuse treatment.

- Identify potential funding sources and service providers to address deficits in service
- Increase service dollars by 10% by year 5
- 75% of housing caseworkers will receive harm reduction training within 2 years
- Review and make recommendations on the clubhouse by year 1

Goal #5:

Develop a safety net model to close gaps and increase access to services

Action Steps:

- Research and recommend safety net best practice models
- Establish a community safety net team of traditional and non-traditional partners to assess and reduce barriers to service that includes: case managers, police, fire, schools, hospitals, VA, DOC, Health Dept., municipal government, DSS, faith-based community, Chamber of Commerce, transportation, homeless providers, legal services, and others

Benchmarks:

- Create a committee, in collaboration with appropriate WDC and other housing program leaders to design a safety net model within year 1
- Implement a community safety net model by year 2

Homelessness is a Public Health Issue

A lack of stable housing is associated with significant health concerns and consequently homeless people have disproportionately poor health. The most compelling evidence of this link between homelessness and poor health is the high rate of premature death in homeless populations. It has been well documented that mortality rates in homeless individuals in American cities are approximately 3.5 – 5 times higher than the general population, with death occurring prematurely at an average age of 47 years.

Source: Massachusetts Housing and Shelter Alliance, Home & Healthy for Good Progress Report, June 2009.



Employment and Income

The traffic is loud outside of Carmalina Acree's West Main Street apartment. I call her name from the street and she leans out the window and invites me in. Inside I'm greeted by Smokie and Babes, Carma's beloved cats. Carma looks younger than her twenty-four years and her face shows few vestiges of 5 years spent drifting from place to place, experiencing motherhood, mental illness, and a long stretch of homelessness.

A resident of tent city until she was persuaded by Homeless Outreach Team staffers to take a respite bed that had become available, Carma has not looked back. She notes that her apartment is small, but as one of seven siblings growing up in Nebraska, she enjoys the privacy. She has a job as an inserter with the Waterbury

Republican American and works nights. During the day she is attending Adult Education to complete her high school diploma. She plans on college and has already determined that some aspect of nursing will be in her future in part because she has learned she has the aptitude for it and also because she likes taking care of people.

When asked what she likes best about having her own apartment she states without pause "freedom" and the ability to take a "real shower." When asked if she is fearful of finding herself homeless again she responds, "constantly," but, follows by noting that she knows that she can never let her insecurities hold her back. She meets with her case manager regularly and has developed step-by-step plans to accomplish her goals. Her wandering days are over.

Goals and Action Steps

According to the National Low Income Housing Coalition, there is no community in the nation in which a person working at minimum wage can afford (using the federal standard of affordability) to rent a one-bedroom unit. Averaging across the nation, a full-time worker would have to make \$11.08 per hour (215% of the minimum wage) in order to afford a two-bedroom rental unit. Alternatively, a person would need to work at minimum wage for an average of 86 hours per week to afford to pay monthly rent. In Connecticut, Waterbury's July 2009 unemployment statistics rank highest within the state at 12.7%, translating to 6,597 of its residents without jobs.¹¹

For the poorest Americans, reduced incomes are part of a long-term trend. Wages for the lowest-paid workers have gone down substantially in real terms over the past 20 years.¹²

The Employment and Income Plan aims squarely at connecting the dots among root causes of employment and income deficits. The loss of income or inability to compete for and maintain employment equates to homelessness. The need to access employment and training opportunities through an improved public transportation network had universal support as a component of the plan. The need to create a focused and coordinated effort to link those with housing insecurity to resources emerged as the most important among the Employment and Income goals.

¹¹ Department of Labor.

¹² National Alliance to End Homelessness website <http://www.naeh.org>.

CT Supportive Housing Employment and Training Services Directory

The Supportive Housing Employment and Training Services Directory was developed to meet the growing need for a central information repository on employment and training services available for residents of supportive housing and individuals exiting homelessness. This resource will assist providers who are working to end long-term homelessness by offering information resources in employment and training services.

The directory was funded by the State of Connecticut Office for Workforce Competitiveness which partnered with other state agencies to develop the directory. The directory is a project of the Reaching Home Campaign and the Corporation for Supportive Housing.

For more information contact <http://www.csh.org>.

Goal #1:

Reduce fragmentation of employment and income services for individuals who are homeless or at-risk of homelessness through the development of a single point-of-entry assessment and referral system

Action Steps:

- Create an inventory of available employment services
- Establish the capacity and designate an employment and income specialist who will provide linkage and efficiency among employment, training, and housing services
- Create an assessment tool to define employment, income, and training protocols
- Create a comprehensive employment and income triage system to connect employment and income needs to appropriate employment and income service providers
- Develop an outreach strategy that links vulnerable populations with employment and training resources
- Develop an employment advocacy component to support a strong employment and training service system

Benchmarks:

- Complete inventory and needs assessment by year 1
- Establish funding and designate an employment specialist by year 2
- Develop an employment and income assessment tool by the end of year 3

National Best Practice

Social Security Outreach, Access and Recovery Program (S.O.A.R.):

Accessing income is the key to maintaining stable housing. Connecting the chronically homeless, including many veterans, to SSI and SSDI can be the difference between living unsheltered, without access to basic health and housing needs and stability. Project S.O.A.R. is a comprehensive planning and training program designed to create systems change in helping chronically homeless individuals with complex service needs acquire shelter and access the life-saving services. The goal of S.O.A.R. is to increase the number of successful applications for benefits by chronically homeless individuals. Special training is provided to case managers and other providers to streamline and target the process to reduce chronic homelessness.

Source: <http://www.cceh.org>

Toolkit for Connecting Supportive Housing Tenants to Employment

The Corporation for Supportive Housing has designed a toolkit to access case studies, evaluations, sample documents, and other useful resources for connecting supportive housing tenants to employment. The goal is to help supportive housing organizations, workforce partners, and employers address key challenges in the planning, implementation, and ongoing maintenance of employment-related services and programs.

The contents of the Toolkit are organized into six sections:

- Building Your Team
- Tenant Outreach and Engagement
- Partnership with Employers
- Workforce Resources and Community Partners
- Tenant Vocational Assessment and Career Planning
- Finding Jobs and Advancing Careers

For more information contact <http://www.csh.org>.

Connecticut Best Practice

The *New Britain Employer Network*, a program of the New Britain Ten Year Plan to End Homelessness, lead by Mayor Timothy Stewart, has implemented an innovative employer network to create job opportunities for people experiencing homelessness. The project provides information and outreach to potential employers and has enjoyed great success with participation from area employers including McCue Mortgage, Tomasso Construction and the CT-DOL's One-Stop Program. The program seeks to provide 200 jobs to New Britain's homeless residents over the next ten years.

Source: New Britain Ten Year Plan

Goal #2:

Expand the public transportation system to enhance access to employment and training opportunities

Action Steps:

- Engage the business community and other key groups as advocates for an expanded public transportation system
- Research the local JobLinks Program to assess ways in which the model can be expanded
- Upgrade city and regional transportation system to connect people experiencing housing problems to employment, income, and training resources

Benchmarks:

- Engage leadership of Central Naugatuck Valley Council of Governments (CNVCOG), Waterbury Regional Chamber of Commerce, Waterbury Development Corporation, and elected officials to advocate for transportation improvements by year 1
- Provide recommendations on possible JobLinks Program expansion city and other partners by year 1
- Extend bus service to include evening hours by year 3

Goal #3:

Overcome barriers to accessing income and entitlement programs

Action Steps:

- Expand access to entitlements to chronically homeless individuals
- Develop advocacy capacity for individuals who have lost or are at risk of losing income entitlements
- Develop employment and income resources targeted to veterans, ex-offenders, mentally ill, and other special needs populations
- Streamline access to daycare and childcare information services through promotion of 2-1-1 Child Care
- Increase access to skills training opportunities

Benchmarks:

- Initiate Social Security Outreach, Access, and Recovery Program (S.O.A.R.) model by year 1
- Develop a partnership to leverage new and existing resources with DOC, VA, Department of Mental Health, and others by year 2

Goal #4:

Create linkage between employment, training, service, and educational providers

Action Steps:

- Develop a partnership to increase numbers of homeless or at-risk of homelessness who are linked to employment and income services
- Develop outreach strategies that target specific population sub-groups
- Expand outreach to include faith-based organizations, police, and other community stakeholders
- Develop link to online information centers
- Restore and expand job retention programs

Benchmark:

- Identify partners and a process to improve linkage among providers by year 1
- A job retention model is established by year 2

Ticket to Work Partnership

Connecticut Supportive Housing Service Providers are participating in Employment Network Collaboratives with local and state agencies, one-stop centers, community rehabilitation providers and employers to ensure consumers are receiving employment support services as they begin to work.

Ticket to Work Partnership Plus is funded through the Social Security Administration. In this program, services “follow” the consumer while they become stabilized in their work environment and move towards self sufficiency. Support services consist of counseling and guidance, job search and placement assistance, education and training, job retention and ongoing support services.

Ticket to Work targets homelessness prevention through connecting services and supports to meet the goal of increasing employment for consumers in supportive housing programs.



Communications

Goals and Action Steps

What is the definition of homelessness? What is the cost of homelessness to the community? How does homelessness affect cities, towns, and the people who live there? How can Waterbury and surrounding towns deconcentrate affordable housing and still provide services to meet the affordable housing need?

The perceptions that exist related to our homeless and at-risk population are broad and often based upon some of what is known and some of what is sensed. To solve homelessness it is clear that communities must act with both hearts and minds to combat assumptions that may lead to inadequate or uninformed actions.



In recent years, an emphasis on data-driven, evidence-based best practice strategies that have produced measurable successes in solving homelessness have emerged. Implementation of a Ten Year Plan, noble in words and broad in scope, relies upon the goal of developing community awareness and an understanding of homelessness, its causes, costs, effects, and how it can be prevented. A communications and advocacy plan, implemented in conjunction with specific collaborative housing, prevention, employment, and service programs is key to moving a community-wide strategic plan beyond the page to a common understanding and commitment of an entire community. Systems change occurs only when there is broad understanding of the problem, its causes, and its solutions.

Communicating the facts, figures, and best practices that will prevent and end homelessness in Waterbury and advocating for support of those practices will transform perceptions and produce results.

Goal #1:

Define the Communications Plan leadership, themes, messages, stakeholders, and target audiences

Action Steps:

- Develop a communications roadmap to share the data, best practices, and outcomes that describe issues related to preventing and ending homelessness to stakeholders in the community
- Conduct an annual review of the communications plan and its implementation
- Recommend a name be attached to the implementation of the TYP

Benchmarks:

- Create a complete contact list of individuals, groups, and communities that should be connected to the Communications Plan of the TYP by year 1

2009 Point-in-Time Count Facts

Despite currently working, having income and education, and experiencing relatively few mental health and substance use factors contributing to their homelessness, over a third of Connecticut families surveyed in the 2009 Point-in-Time Count had to leave their place of residence due to rent problems.

- 32% of families were currently working at the time of the 2009 Point-in-Time Count
- 78% of families reported having some source of income
- 60% of adults in families had a 12th grade education or higher
- 57% of adults in families reported no history of hospitalizations for mental health or substance abuse
- **43% of families had to leave their last place of residence due to problems with rent or eviction**

All percentages are of those surveyed in the 2009 Point-in-Time Count.

Goal #2:

Communicate the goals, action steps, and benefits of the implementation of the TYP directly to stakeholders and target audiences within the region

Action Steps:

- Gather current, local data that reflects current and evolving conditions and trends related to homelessness, affordable housing, and employment, income, prevention, and service-related models
- Develop and distribute a community communications toolkit that describes the plan, its implementation, and its progress to civic, business, educational institutions, social service providers, neighborhood groups, faith-based organizations and other stakeholders
- Facilitate opportunities for public presentations by TYP leaders to a broad representation of stakeholder groups
- Develop a speakers bureau that includes representatives of the TYP leadership, stakeholders, and those who have experienced or been affected by homelessness

Benchmarks:

- Organize data that provides local statistics and cost comparisons related to prevention by year 2
- Develop website, PowerPoint presentation and other toolkit informational materials for distribution and presentation by year 2
- Deliver presentations using communications toolkit to 10 community organizations by year 2
- Recruit a minimum of 10 new community champions willing to support and speak on behalf of the Plan and its implementation within 3 years



Goal #3:

Advocate on behalf of policies and practices that promote the goals and implementation of the TYP on a local, regional, and state level

Action Steps:

- Track and lobby for legislative outcomes that support the goals of the TYP
- Participate with other TYP communities to define a statewide advocacy agenda

Benchmarks:

- Key people have been identified to conduct legislative advocacy to benefit the implementation of the Plan by year 3
- Host one legislative advocacy event by year 3

Goal #4:

Promote the TYP through the media on a local and regional level

Action Steps:

- Develop a strategy to engage and utilize the media to provide information and education about the issue and the TYP and its implementation to the public and defined stakeholders and audiences
- Develop contacts with local and state press, editorial boards, and media outlets to communicate the issue, events, and related topics that encourage public education

Benchmarks:

- A minimum of 4 TYP-related articles appear in local or regional press that relate to the TYP or elements of implementation by year 3
- Facilitate a minimum of 2 meetings per year between editorial boards of targeted media and key TYP leaders

Goal #5:

Create an online presence for the TYP

Action Steps:

- Create a TYP website to serve as a resource and data center
- Post information related to the TYP and its implementation, on a quarterly basis, on other local and regional municipal websites and other statewide websites that are dedicated to ending homelessness

Benchmarks:

- TYP website is created, approved, and inclusive of current data and implementation progress, and hyperlinked to related websites by year 3

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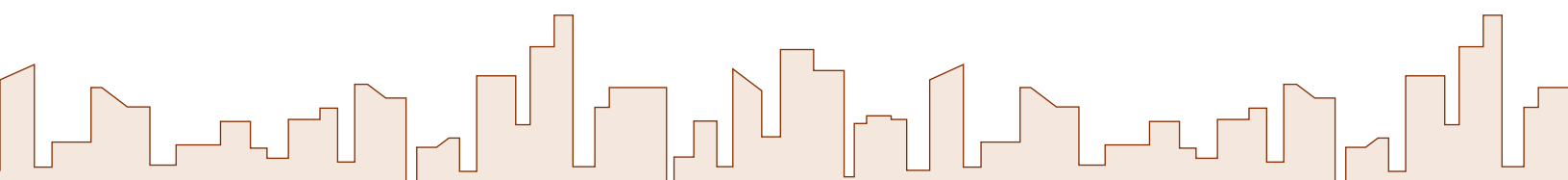
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Glossary of Terms

2-1-1: The Federal Communications Commission (FCC) has established 2-1-1 as the national number to call for health and human services referrals, and Connecticut is the first state in the nation to provide statewide 2-1-1 service. When you dial 2-1-1, you'll be connected with the United Way of Connecticut's Infoline, a service that points individuals to resources that can help them with everything from simple problems to crises.

Affordable Housing: Housing, either ownership or rental, for which a household will pay no more than 30 percent of its gross annual income.

American Recovery and Reinvestment Act (ARRA): A \$787 billion dollar economic stimulus package enacted by the Congress in 2009 designed to help the US economy recover from recession.

Assertive Community Treatment (ACT) Teams: Multidisciplinary teams that provide services for people with mental illness, including case management, crisis intervention, medication monitoring, social support, assistance with everyday living needs, access to medical care and employment assistance. The programs are based on an assertive outreach approach with hands-on assistance provided to individuals in their homes and neighborhoods.

Beyond Shelter CT Program: An innovative program created in January 2000 that prevents the recurrence of homelessness by providing up to one year of coordinated follow-up services to households leaving shelters and transitional housing programs and their landlords. Services provided may include education on landlord/tenant rights and responsibilities; life skills workshops on issues such as parenting and money management; assistance procuring food and furniture; as well as support in securing mental health and substance abuse treatment services.

Case Management: Overall coordination of an individual's use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy and referral on behalf of individual clients.

Chronic Homelessness: Description of an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years, as defined by the U.S. Department of Housing and Urban Development (HUD).

Connecticut Coalition to End Homelessness (CCEH): A statewide organization who in partnership with communities throughout the state, creates change through leadership, community organizing, advocacy and education. Their organization's mission is to end homelessness in Connecticut.

Community Development Block Grant (CDBG): A flexible program that provides communities with resources to address a wide range of community development needs and provides annual grants on a formula basis to local government and states. In Connecticut, it is administered by the Department of Economic and Community Development.

Connecticut Housing Finance Authority (CHFA): An organization created by the state legislature to help to alleviate the shortage of affordable housing for low- and moderate-income individuals and families in CT. CHFA administers state and federal housing tax-credit programs, provides financing for the development of multi-family housing and mortgage financing for first-time homebuyers.

Consolidated Plan: A long-term housing and community development plan developed by state and local governments and approved by HUD. It contains information on homeless populations.

Continuum of Care: Organization established by HUD to oversee community planning around homelessness. Continuum work together to define needs, plan strategies and prioritize funding for supportive housing services.

Co-occurring Disorders: The presence of two or more disabling conditions such as mental illness, substance abuse, HIV/AIDS and others.

Corporation for Supportive Housing (CSH): An organization that supports the expansion of permanent supportive housing through technical assistance. For more information see: www.csh.org.

CTWorks (formerly Connecticut Works): Connecticut's One-Stop employment and training system.

Department of Children and Families (DCF): A state agency charged with protecting children, improving child and family well-being and supporting and preserving families. DCF funds the supportive housing for the family scattered site housing program.

Department of Economic and Community Development (DECD): A state agency that develops and implements strategies to attract and retain businesses and jobs, revitalize neighborhoods and communities, ensure quality housing and foster appropriate development in Connecticut's towns and cities. DECD administers the State's allocation of Federal HOME and CDBG funding as well as state funds for affordable housing.

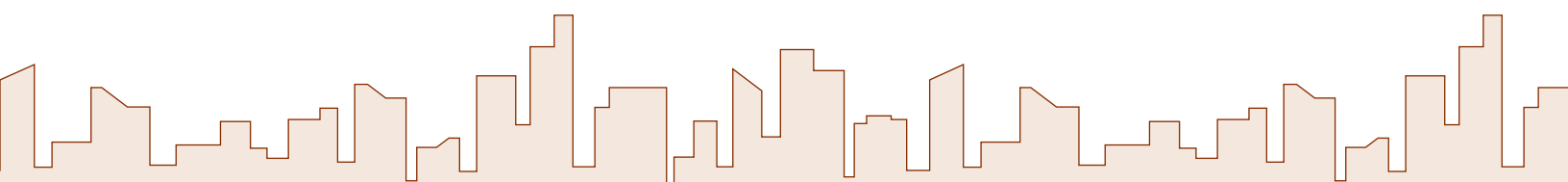
Department of Labor (DOL): A state agency whose mission is to help and protect the working people of Connecticut. DOL is both the administrative entity for the Workforce Investment Act and provides core employment and training services in CTWorks.

Department of Mental Health and Addiction Services (DMHAS): A state agency whose mission is to improve the quality of life of the people of CT by providing an integrated network of comprehensive, effective and efficient mental health and addiction services through the local Mental Health Authorities. DMHAS' regional offices administer the Shelter Plus Care Program as well as other funding sources that support supportive housing.

Department of Social Services (DSS): A state agency that provides a broad range of services to the elderly, disabled, families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-realization and independent living. The agency is designated as a public housing agency for the purpose of administering the Section 8 program under the Federal Housing Act.

Discharge Planning: A significant percentage of homeless individuals report recent incarceration, hospitalization, residential health care, foster care or placement at treatment facilities. Discharge planning provides the consumer with a plan to live after a facility "discharge." Successful discharge planning starts long before the end of an individual's stay in such an institution and includes connection to housing and supportive services to gain and maintain stability. Integrated services both inside and outside institutions are necessary to assure effective discharge planning.

Dually-diagnosed: See Co-occurring Disorders.



Engagement: Efforts to develop a relationship between a service system’s staff members and clients. Such efforts are characterized by purposeful strategies and intentional interventions designed to connect the client with needed services and to maintain that connection.

Harm Reduction: A set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users “where they are,” addressing conditions and motivations of drug use along with the use itself. This approach fosters an environment where individuals can openly discuss substance use without fear of judgment or reprisal, and does not condone or condemn drug use.

Homeless Outreach Team: A service model that applies a multi-disciplinary Assertive Community Treatment team incorporating clinical, paraprofessional and peer staff. This team’s philosophy is to meet people “where they are” and to support them in a self-directed manner to reach stability, wellness and recovery. Services are made available according to the needs of the client and must include food, medications, clothing, peer support, clinical services, employment and housing.

Homeless Persons: Persons or families lacking a fixed regular and adequate nighttime residence or are residing in a place not meant for human habitation (e.g., on the streets) or in an emergency homeless shelter, or in transitional housing for the homeless, or are being evicted within a week from a private dwelling, or are being discharged within a week from an institution in which they have been a resident for more than 30 consecutive days, or are fleeing a domestic violence situation. In the case of children and youth, it also includes sharing the housing of other persons due to loss of housing, economic hardship or a similar reason or awaiting foster care placement.

Homeless Management Information System (HMIS): A community-wide database congressionally mandated for all programs funded through the Department of Housing and Urban Development (HUD) homeless assistance grants. The system collects demographic data on consumers as well as information on service needs and usage.

Housing First: A model that moves homeless participants from the streets immediately into permanent housing with the provision of supportive treatment services to the extent of need.

Homeless Prevention and Rapid Re-Housing Program: As part of the 2009 American Recovery and Reinvestment Act (ARRA or the “stimulus package”) HPRP is designed to transform the homeless service delivery system from one that is “shelter based” to “housing based” with interventions. HPRP funding will provide short to medium term financial assistance, as well as critical community services such as legal assistance, financial counseling, and case management.

Local Mental Health Authority (LMHA): The Department of Mental Health and Addiction Services operates and/or funds 14 Local Mental Health Authorities (LMHAs) throughout Connecticut. They manage the mental health services for their geographic regions. The LMHAs offer a wide range of therapeutic recovery-oriented programs, including employment and supportive housing programs, as well as crisis intervention services.

Long-Term Homelessness: This term includes all people who have been homeless for long periods of time, as evidenced by repeated (three or more times) or extended (a year or more) stays in the streets, emergency shelters, or other temporary settings, sometimes cycling between homelessness and hospitals, jails, or prisons. This definition intentionally includes a larger group of people than the federal government’s “Chronic Homelessness” definition, such as families and youth.

Master Leasing: A legal contract in which a third party (other than the actual tenant) enters into a lease agreement and is responsible for tenant selection and rental payments.

McKinney-Vento Homeless Assistance Act: This 1987 federal legislation established programs and funding to serve homeless people.

National Alliance to End Homelessness (NAEH): An organization that seeks to mobilize the non-profit, public and private sectors of society in an alliance to end homelessness.

Next Step Initiative: Governor M. Jodi Rell's funding initiative, to help implement part of the recommendations in the State Interagency Council on Supportive Housing and Homelessness' plan, designed to add 1000 units of supportive housing throughout the state over the next three years. Next Step will provide funding for supportive services, development and/or rental subsidies. It is designed to leverage additional development grants as well as federal funds.

“No Wrong Door”: Homeless individuals often cite a fragmented service system with poor communication between mainstream and non-profit providers as a major obstacle as they attempt to access needed services. “No wrong door” refers to an approach in which caregivers share common information and tools that can break down unnecessary barriers and allow clients to gain access to all needed service regardless of whose door they come to first.

“Opening the Back Door”: Rapid re-housing for those who become homeless.

Outreach: A process and set of activities aimed at identifying and engaging people to connect them with the services they need. In our context, outreach programs assist people living without permanent homes and connect them with a range of services.

Prevention: Any of a number of strategies used to keep individuals and families from becoming homeless. For HPRP, prevention activities can include the following: short to medium term financial assistance, rental and/or utilities assistance, case management, and legal assistance.

Rapid Re-Housing: Approach that focuses on moving individuals and families who are homeless into appropriate housing using many of the same tools used by prevention strategies.

Reaching Home Campaign: Statewide campaign to create 10,000 units of supportive housing, endorsed by Governor Rell and the Interagency Council on Supportive Housing and Homelessness. For more information on the campaign please visit: www.ctpartnershiphousing.com.

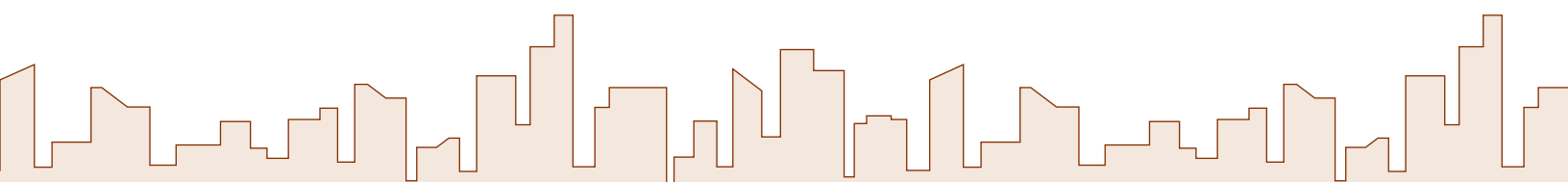
Re-Entry housing: Transitional and supportive housing options for people coming out of prison and jail.

Safety Net: Services targeted to needs of individuals and families.

Scattered-Site Housing: Dwelling units in apartments or homes spread throughout a neighborhood or community that is designated for specific populations, usually accompanied by supportive services.

Service Plans: Case managers in shelter, transitional and supportive housing programs typically create a comprehensive service plan for clients including goals and objectives, which will assist them in addressing barriers and maintaining stability. A service plan should be comprehensive and include an array of needs, multiple service providers, short- and long-term goals, timelines and specific expectations of both the client and caregivers.

Single Room Occupancy (SRO) Building: A type of building that offers residents a single, furnished room, often with shared bathroom and kitchen facilities.



Single-Site Housing: A housing program wherein all living units are located in a single building or complex.

S.O.A.R.: Social Security Outreach, Access and Recovery Program.

Social Security Disability Insurance (SSDI): Program that provides benefits to disabled or blind individuals who are insured by workers' contributions to the Social Security trust fund.

Supplemental Security Income Program (SSI): Cash assistance payments to aged, blind and disabled people (including children under age 18) who have limited income and resources.

Stages of Change: A model of understanding change in human behavior, especially as it relates to substance use. Related interventions are based upon the individual's state of awareness and desire to change behavior at a given point in time. It includes five stages: pre-contemplation, contemplation, preparation, action, maintenance and relapse.

Stakeholders: Individuals who have a vested interest in the outcomes or the process of a particular endeavor.

Supportive Housing: Permanent affordable housing, in any housing configuration (scattered, clustered, single site, mixed tenancy, mixed use, etc.) with supportive services attached that are designed to help people maintain the housing. It is designed and intended for, and/or occupied by, people who have been or are at risk of homelessness and who have special needs including disabilities or other substantial barriers to maintaining housing stability. Permanent housing means housing with no limit or length of stay and no requirement that tenants move out if their service needs change.

Temporary Assistance for Needy Families (TANF): Federal block grant distributed to states to provide cash assistance, child care, transportation and other services to people on welfare.

Ten Year Plans to End Homelessness: These local and statewide campaigns in regions across the country seek to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. Each Ten Year Plan to End Homelessness provides solutions and options for communities committed to ending homelessness rather than just managing it.

Transitional Housing: Housing meant to help homeless people access permanent housing, usually within two years.

Under-Employed: Employed at a level not consistent with education or past work experience.

Workforce Investment Board-Local (LWIB): Group responsible for coordinating employment and training services at the local level through the One-Stop system, which in Connecticut is called CTWorks.

Work Incentives: Special rules that make it possible for people with disabilities to work and continue to receive certain federal or state benefits. People receiving SSDI or SSI can work and still receive monthly payments and Medicare or Medicaid. Social Security calls these rules "work incentives." HUD also encourages eligible tenants with disabilities living in HUD-assisted housing to work by disallowing earned income in calculating monthly rents for certain programs.

Wraparound Services: A wraparound service model coordinates all caregiver services, often through a team case management or shared service plan system, bringing mainstream and non-profit providers together for case conferencing and problem solving.

